News Regarding Herbal Medicine to Cure AIIMS

2910. SHRIMATI VYJAYANTIMALA BALI: Will the Minister of HEALTH AND FAMILY WELFARE by pleased to state:

(a) whether Government's attention has been drawn to the news item which appeared in "Times of India" dated 21st July, 1994 that a practitioner of indigenous Siddha system of medicines based in Tamil Nadu Dharampur! District has claimed to contain the symptoms of AIDS with the help of herbal medicines and that many patients cured who were on the verge of death; and

(b) if so, the name of the herbal medicine and efforts made by Government to give clinical trials on the patients suffering from AIDS whose number runs in millions?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) Yes, Sir.

(b) Indian Council of Medical Research has informed that in the proposal submitted to the Council by the said Siddha Practitioner, the name and formulation of the medicine used has not been provided and it has been decided that such claims can be examined by an ' Expert Group constituted for the purpose.

Legislation for firm implementation of AIDS control programme

3911. SHRI V. HANUMANTHA RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether aWorld Bank team is currently iciency of AIDS control programme;

(b) whether it is a fact that many States have failed to ground AIDS control programmes; and

(c) what are the details of the steps Government are taking to legislate sufficient powers so as to ensure firm implementation of anti-AIDS programme?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) An International Development Association (IDA) Mission visited India from 24-7-94 to 6-8-94 to review the progress of implementation of the AIDS Control Project.

(b) It is true that the pace of implementation is not even throughout the country.

(c) Government has impressed upon all the States to take up all the necessary steps to improve the pace of implementation of the programme. There are no proposals to introduce any legislative measures in this respect.

Poor Management or Eye Donation Programme

2912. SHRI AHMED MOHMEDBHAI PATEL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether millions of people in Asian countries, whose eyesight can be restored through a corneal transplant operation, remain blind all their lives because eye donation programmes are poorly managed;

(b) if so, whether the International Federation of Eye Banks in its recent survey has said that problem was particularly acute in India because most of the people whose cornea had torned were young people;

(c) if so, what are the main reasons for poor management in eye donation programmes in the country;

(d) whether Government are considering to manage the eye donation programmes efficiently so as to restore the eye sight to the suffering people in India; and

(e) if so, what are the main programmes that have been undertaken during the year 1994-95 for implementing such programmes?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) It is estimated about 2 lakhs persons are blind due to corneal disorders in India. Most of them can be cured through corneal transplantation. Presently about 14,000 eyes are collected annually and about 8,500 cornea grafting operation are done in India.

(c) The success of eye donation programme is sub-optimal in India because of socio-cultural factors, late reporting of death, poor transportation & communication facilities and limitation of availability of preservative media.

(d) and (e) Since 1986 a National Fortnight on eye donation is being observed every year from 25th August to 8th September to make a people aware about eye donation. Govt, also provides financial assistance for establishment and maintenance of eye banks in the country. During the year 1994-95, 10 additional eye banks in Govt, and 5 eye banks in voluntary sector are proposed to be set up and financed by Govt, of India.

Average deaths of children occurring daily due to malnutrition

2913. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the number of average daily deaths of children in the country due to malnutrition according to the estimation, if any, made by Government;

(b) what are the names of the States in which deaths of children due to malnutrition have shown increase stating the average number of daily deaths;

(c) what are the various programmes taken up so far to check deaths of children due to malnutrition and what according to the assessment, if any, are the shortcomings in the programme; and

(d) what strategy is contemplated by Government to bring down the daily death rate of children due to malnutrition?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) Reliable information on deaths due to malnutrition is not available.

(c) and (d) The Government has adopted National Nutrition Policy which contains a comprehensive approach to tackle problem of malnutrition in the country through a set of direct nutritional interventions for specially vulnurable groups and indirect policy instruments involving institutional and structural changes. .

The following schemes are being implemented as direct nutritional intervention for specially vulnerable groups:

(i) the Integrated Child Development Service;

(ii) Balwadi Nutrition Programme;

(iii) Scheme of creches/Day care Centres.

Raising of funds to achieve the targets of the programmes 'Health for All by 2000b A.D.'

2914. SHRI GOPALSINH G. SOLANKI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the targets set under the programme Health for All by 2000 A.D. are likely to be achieved;

(b) if so, the details thereof;

(c) the measures taken to achieve the targets;